

ATTACHMENT TO FIRE SERVICE APPLICATION

The following information must be presented **at the time of application** for Firefighter/EMT and Firefighter/Paramedic. The hiring process is time consuming and accepting incomplete applications makes the process more difficult. **Please check your application carefully before submitting to ensure that it will be given consideration.**

Firefighter/EMT

- ☐ A Valid Florida drivers license
- ☐ Florida Certificate of Compliance
- ☐ Current Florida Emergency Medical Technician Certificate
- ☐ Current CPR card
- ☐ Smoking Affidavit (notarized)

Firefighter/Paramedic

- ☐ A Valid Florida drivers license
- ☐ Florida Certificate of Compliance
- ☐ Current Florida Paramedic Certificate
- ☐ Current CPR card
- ☐ Current ACLS card
- ☐ Smoking Affidavit (notarized)

AFFIDAVIT

State of Florida

County of _____

Before me this day personally appeared _____ name of affiant), who being duly sworn, deposes and says that per [F.S. 633.35(6)]:

1. I am of legal age, under no disabilities, and fully competent to execute this Affidavit.
2. By initialing one of the three statements below, I hereby certify my use, or non-use, of tobacco products. **(You MUST initial one of the three statements)**

_____ I have never utilized tobacco products (to include pipes, cigarettes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco).

_____ I have utilized tobacco products (to include pipes, cigarettes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco) but not for a period in excess of three hundred sixty-five (365) days prior to today's date.

_____ I have utilized tobacco products (to include pipes, cigarettes, cigars, chewing tobacco, snuff, or any other type of smoking or smokeless tobacco) within the three hundred sixty-five (365) days preceding today's date.

3. I understand the execution on this affidavit is required by Florida law and that I may be dismissed from employment with the City of Madeira Beach should any information herein be found to be incorrect.

Affiant's Signature _____

Subscribed and sworn to (or affirmed) before me on _____ (date)

by _____ (name of affiant).

_____ He/she is personally known to me, or

_____ He/she has produced _____ (type of identification) as identification.

Notarized By